

Mental Health Care for Child Crime Victims

Standards of Care Task Force Guidelines

*California Victim Compensation and Government Claims Board
Victims of Crime Program*

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This book provides suggested guidelines for mental health care for child crime victims. It is not intended to establish a specific standard of care or to provide legal advice in specific cases. In the event that there are questions about specific cases, professional consultation or the advice of legal counsel should be sought.

These chapters present the viewpoints of their authors, and not those of the Victims of Crime Program. Furthermore, because this book is the product of many contributors, the reader may discover differing views and opinions between chapters. The task force considers a mix of perspective and viewpoints to be an important part of ongoing professional dialogue toward improving the quality of care provided to traumatized children.

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Dedication

The Standards of Care Task Force dedicates this book to its chairman, Dr. David Chadwick. His tireless commitment to the prevention and treatment of child abuse in the United States and in every country of the world has provided inspiration and leadership to his colleagues in medicine and in mental health. This dedication is made with affection and the greatest respect.

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Preface

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This book is the result of the efforts of a group of mental health providers who specialize in the treatment of child trauma victims in the State of California. These providers practice a variety of approaches to mental health treatment. The group was chaired by a pediatrician who was not a partisan of any particular approach but who by virtue of his efforts on behalf of abused children for the past forty years was known and respected by the entire group. He kept the group balanced and focused on the goal: to produce a set of guidelines that would reflect a consensus of the most effective practices for remediating the effects of emotional trauma in child victims of violent crime. These children include victims of physical and sexual abuse as well as severe neglect, and victims of parents who engage in domestic violence.

The group was convened under the title Standards of Care Task Force (SOCTF), although it was understood that the status of outcome research in mental health treatment makes it more appropriate to speak of practice guidelines rather than standards. The SOCTF also understood that any set of practice guidelines would have to be periodically revised and renewed as new knowledge and research become available. The government agency that convened the task force made a commitment to the SOCTF that the guidelines are living documents that will be updated on a regular basis.

The SOCTF was convened by the Victims of Crime (VOC) Program of the California Victim Compensation and Government Claims Board (CVCGCB). The VOC Program is responsible for administering federal and state funds resulting from fines and restitutions that are made available to compensate victims of crime for certain of their losses. In California, that compensation amounted to 86.2 million dollars for the fiscal year 1999–2000. Over 40% of that amount was compensation for mental health expenses. The VOC Program has a compelling interest in knowing that the money is spent for the benefit of its claimants. As an administrative entity that must balance its resources with the needs of crime victims on a statewide basis, the VOC Program also has a compelling interest in determining the most efficient use of compensation dollars. It was hoped that the SOCTF could offer guidelines that would promote effective treatment, as well as offer direction to the VOC Program in forming the laws, regulations, and practices which guide mental health reimbursement.

Trauma treatment in California, as elsewhere, is becoming a subspecialty in mental health. It is no longer assumed that generic mental health training prepares practitioners to provide the most effective remedial services in the timeliest manner. Supervised training, practice, and continuing education in trauma treatment are all necessary today .

What has become necessary for all trauma specialists is especially true when children are victims, for a number of reasons including:

- The needs and capabilities of children change continuously as their development unfolds, which also affects the impact of trauma and the ability of the neurobiological and psychic apparatus to deal with the trauma. For those who seek to understand the cause and effect relationships among trauma, symptoms, and outcome, children are a moving target.
- Information about the pre-trauma or baseline development of child victims, as well as about the nature and extent of the trauma itself, are usually incomplete. A police report may provide the only data source besides that offered by the child's caregivers, who in many cases were participants in the events they are reporting. This situation resembles a problem in quantum mechanics, where the observer and the event have an unpredictable causal relationship. Not only

does a child's development have a dynamic trajectory, but also the child's observers and historians are influencing that momentum in ways they may not know or be willing to admit.

- The events which can befall children after the discovery of certain traumas can profoundly alter the direction of their lives and create unique challenges for mental health providers. The Juvenile Court, child protection agencies, and the criminal justice system all have a role to play but can turn the child's family relationships upside down. Iatrogenic effects layered on trauma effects can be expected in the treatment of child trauma victims.
- The methods and conditions of mental health treatment for children are different from those for adults. For children, such treatment is not voluntary, has fewer assurances of privacy, and may be conducted primarily or solely within metaphors and other symbolic actions (for example, play and drawing). Adapting methods to the needs of a particular child is the art and essence of child psychotherapy.
- The process of child psychotherapy is especially problematic in the treatment of child trauma victims, where the perpetrator of the trauma is often a trusted family member. The child is asked by the therapist to engage in a process which, if successful, recalls painful feelings and memories. The adage that "the truth will set you free" (but as some have said, "first it will make you miserable") is an easier concept for adults than for children, and it requires a measure of trust that is difficult for children who have been misled and mistreated by adults.

For the reasons above, the VOC Program decided to separate child and adult trauma victims in its search for treatment guidelines. The current SOCTF members were selected for their experience in the treatment of child trauma victims. When the work of this task force is completed, the VOC program plans to convene a task force to focus on adult trauma victims. The work of that new task force will also include a consideration of adults and children who are victims of community violence.

As the SOCTF was being formed, we became aware that a task force of the Crime Victim Compensation Program in Washington State had already begun to develop guidelines for all trauma victims, children and adults.¹ The Washington task force operated under the capable leadership of Lucy Berliner MSW and Tim Keller MD, MPH. The California Task Force had a different focus, in part because of its exclusive concern with children, and also because the California crime victim compensation program operates within a different regulatory system with different demand characteristics. However, the SOCTF has benefitted greatly from the Washington experience of organizing of such a task force, a process which they freely shared and from which we have freely borrowed. We have also benefitted from continuing substantive discussions.

The work of the task force was requested by the VOC Program of the California Victim Compensation and Government Claims Board, but is intended to address the needs of all victims of child maltreatment. The major part of the task force effort is contained in this volume. The remainder of the work, to be published next as a companion to this volume, concerns the treatment of infants and toddlers, especially those who have been victimized by acts of omission: the neglect of their emotional and physical needs. The harm created by acts of commission and omission toward the very young requires consideration of interventions that are different from the trauma-focused treatment methods discussed in this volume.

The scope of work undertaken by this task force was extensive. Even so, it is expected that there are topics which readers will believe were omitted and should not have been, or topics which were not given sufficient length or emphasis. It is also expected that there are statements and guidelines expressed in this book with which readers will disagree. Please express your views (positive and negative) to standardsofcare@voc.ca.gov.

¹ Crime Victim Compensation Program Mental Health Treatment Guidelines, State of Washington Department of Labor and Industries, 1999).

These guidelines are intended to be a living document. They can be only as good, comprehensive, and current as the community of mental health providers and other interested parties are willing to help them become. Finally, the views expressed in this book are not intended to reflect the views of the VOC Program. During the two years that the task force worked, no member of the executive staff of the VOC Program sought to influence the views of the task force members. The points of view expressed in these guidelines were arrived at by the members of the task force through lively discussion and debate. What actions the CVC GCB will take regarding these recommendations has yet to be determined. If you, the reader, have a point of view which you believe was not sufficiently addressed in this work, please make it known. We also want to hear what you think the task force did well. Thank you.

